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CONFIRMATION NO. 6794

<b>SERIAL NUMBER</b> 09/595,186	<b>FILING OR 371(c) DATE</b> 06/16/2000 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3768	<b>ATTORNEY DOCKET NO.</b> YOR919920080US5
<b>APPLICANTS</b> Janez Funda, Valhalla, NY; David Arthur LaRose, Croton on Hudson, NY; Russell Highsmith Taylor, Ossining, NY;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/325,761 01/26/1995 PAT 6,201,984 which is a DIV of 07/889,215 05/27/1992 PAT 5,417,210				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/08/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 8
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 877				
<b>TITLE</b> SYSTEM AND METHOD FOR AUGMENTATION OF ENDOSCOPIC SURGERY				
<b>FILING FEE RECEIVED</b> 1120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	